



AHCCCS NPI - HIPAA Consortium

March 28, 2007

2:00 PM to 3:00 PM

AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Facilitator:

Lori Petre

Handouts:

Meeting Minutes 02/21/07

Overall NPI Status Updates

AHCCCS NPI Reporting Requirements

HIPAA Updates, March 2007

-CMS 1500 Format Version Errors

-CMS 1500 Invalid Paper Form FAQs

-MLN Matters – Extension for Acceptance of CMS-1500

-Senate Bill 628

-Disclosure of NPIs Among Health Care Industry Entities

Attendees:

Teleconference attendees are shown with an *

Abrazo Health

Susan Cordier*

Colleen Gurule*

James Ten Eyck*

JoAnn Ward*

Lydia Ruiz

Care 1st Arizona

Anna Castaneda

Ann Weeks

Pima Health Systems

Lucy Paape*

Alan Tiano*

Shari Wilson

ADES

Debbie Asp

David Gardner

David Gonzales

Stacey Hill

Brian Lensch

Cathy Nunez

Centene Corporation

Rebecca Anderson*

Kerry Kincaid*

Pierre LaFromboise*

Ofelia Martinez

Carrie Skoog-Boutajrit*

Suzanne Szepanski*

Scan Healthplan

Jim Hasey*

Sharon Hawn*

Julie Shannon*

ADHS

Lee Cisney

Kevin Gibson

Jerri Gray

Ian Hubbert

Cochise Health Sys

Marcia Goerdt*

Barbara Jones*

Paula Saroff*

Schaller Anderson

Todd Cassel

Leticia Garcia

Maurice Hill

Cathy Jackson-Smith

AHCCCS

Cindy Altman

Deborah Burrell

C. Michael Collins

Dwanna Epps

Patti Goodwin

Ester Hunt

Asia Lennear

Jacqueline McElroy

David Mollenhauer

Teresa Stanfill

Healthchoice AZ

Jesse Perlmutter*

Iasis Healthcare

Irene Bechtold*

Jaime Perikly

Rosalinda Pili*

UHC

Mary Kaehler*

David Stepp*

Koorosh Yasami*

Yavapai County

Becky Ducharme*

John Gessell*

Jean Willis*

Capstone

Maximus

Dean Otey

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Overall NPI Status Updates

Lori Petre

- Compliance Date....AHCCCS is still working toward 5/23/07 as the NPI compliance date. Any changes to this day will be immediately publicized.
- Current Listing of Provider Types....The list of provider types is available on the AHCCCS website. Adjustments are expected and will be posted promptly.
- Contractor Meetings....The first round of meetings is nearly completed. The information exchange has clarified issues and discussed challenges. There is no limit to the number of meetings. Some are being set up on a routine monthly basis. A second set of meetings will transpire in June, if there is a relaxation period, or July and August, if there is not. If there is no postponement, August would be a good time to evaluate the effects of the 5/23/07 compliance date and see where the challenges and unanticipated events are happening.
- NPI Fact Sheet....The Fact Sheet has been published to the AHCCCS website - there is also a single-page sequel to the Fact Sheet. The electronic version has the additional feature of move and flash icons.
- NPI Submittal Policy....NPI information must be submitted with an authorized signature or a copy of the notification statement sent to the provider from the Enumerator.



- New Registrations....As of March 1, if a provider type requires an NPI, the NPI must be available at the point of registration.
- FTP Provider's File....As of February 1, the provider file is being updated on a weekly basis. The testing environment is routinely refreshed with those NPI IDs the day after the updated file is published.
- Milestone Tracking Report....If your NPI contacts change, please notify AHCCCS.
- NPI Testing Reminders....AHCCCS is ready to test. Several of the plans have completed the first round of testing with few surprises.
- Encounters submitted now need to have an NPI because the test environment "thinks" it is already 5/23/07. *To process a file as non-mandatory*, send an email to Dave Mollenhauer (dave.mollenhauer@azahcccs.gov):
- "I am going to send you (name) file and it is for a non-mandatory test."

? Questions and problems? Email the lori.petre@azahcccs.gov.

Overall NPI Status Updates

Valerie Noor

- Arizona Statistics....As of Friday, 03/23/07, the total number of NPIs on the AHCCCS system file was 11,944; 413 of these are atypical. A total of about 40,000 is expected. AHCCCS emphasizes "spreading the word."
- Notification error....Several providers are submitting organization NPIs that are not registered in the AHCCCS system as groups. About 200 of these are being returned this week.

? Questions and problems regarding registration can be emailed to valerie.noor@azahcccs.gov.

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HIPAA Updates

Mary Kay McDaniel

Present on Admission is a requirement that Medicare is placing on all providers as an attempt is to figure out a way to avoid financial responsibility for events that happen to an individual “in hospital,” i.e., a staph infection. There is a problem in the way the ICD-99 concept works and gives instructions. The ICD-10 is a better vehicle. There is a work-around for version 4010A1 transactions that are currently being used. There is lots of excitement about this because the indicators are going to do things from a quality perspective. There are challenges in trying to get K-3 segment indicators in the same order that they are being submitted in a diagnosis segment on the 4010A1 version.

Code Placement Change affects the right-hand side of the 1500s where the diagnosis codes were previously listed. This series is not present on 837 transactions. The provider will need to know that the first position of this free-format test field represents the primary diagnosis and all else needs to follow the same order. The large providers are concerned about the differing qualifiers: What instructions pertain to IC-9? *versus* What is stated in the diagnosis code? *versus* What is stated on the instructions for how to do the POA? This is significant because a code that is a quality indicator will have to be reported.

1. National Uniform Billing Committee (NUBC) [www.nubc.org]

Some of the changes on the UB04 have cascading effects. MLN CR5243 regards billing changes on institutional form types. Providers are taking a six-point lead from Medicare:

- Report the service facility locator loop whenever the service was furnished at an address other than the address reported on the claim for the billing or pay-to-provider. The UB92 had one address only - the new UB04 has two addresses: one for billing and one for the pay-to address.

Providers reading the UB04 manual assumed that “pay-to” address is *where the check should go*. This field was unnoticed by most payors. If a plan is going to use this loop, their providers need to understand that. If not, their providers need to understand that also. If a plan is not using the pay-to loop, they need to emphasize to their providers that the check will not go there.

- Use the provider taxonomy codes.
- Submit separate batches of claims for each subpart, identified by a separate taxonomy code.
- Use a 9-digit zip code – Medicare is actually returning claims not displaying the zip code.
- 8371 submitters billing for a subpart without a unique NPI (separate from the main entity or another subpart) that furnished the billed care must be identified in the billing provider loop. The entity to be paid must be identified in the pay-to provider loop.
- CMS recommends that claims submitted through 05/22/07 contain both the OSCAR and the NPI numbers. Use of this instruction might be extended. The OSCAR number is now a certification number and separate from the identifier and helps Medicare on their provider crosswalk.

2. National Uniform Code Committee (NUCC) [www.nucc.org]

The publicized issue with the paper claim form of the 1500 was more localized to the southeast and only affects those who purchase directly from the General Printing Office (GAO).

CMS has instructions for the right-hand side of the new 1500 form that now support the NPI. Providers need to be informed about this change. If a plan has a system that allows submittal of multiple rendering providers on a claim for one particular group, the instructions work well. If a plan does not have such a system, then the providers need to understand that. When Medicare sends crossovers for all of the health plans, they will send them as a group with multiple NPIs for the rendering providers at the line level.

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3. 837 Institutional Claim Form

Any challenges with nursing homes and 837 transactions should be directed to Mary Kay. Responses will be shared with the UBO Core Team. On page four of the HIPAA UPDATES is chart of the 5010s available for purchase at www.wpc-edi.com.

5010s can be obtained from Washington Publishing Company but do have to be purchased. Free transactions have been discontinued. The cost for the implementation guides is about \$750 for the entire suite. Downloading is less expensive than ordering the paper copies.

Please forward your remarks to: marykay.mcdaniel@azahcccs.gov or call 602-417-4307.

4. Enumeration Statistics for Arizona

As of 03/26/07, there were 28,255 individual and 7,974 organizational NPIs, totaling 36,229 across state in the national registry (NPPES). A recent conference call among 15 states reported 30% as being the highest percentage of registered NPIs in any one state. The state of Delaware Medicaid cut over on the 03/23/07. Delaware is 100% NPI compliant.

5. Data Dissemination Policy Update

The Office of Management and Budget (OMB) has ninety days to approve or send back a Notice.

6. Other Legislative Updates

A recent notice in the Federal Register mentions that a final ruling for “Electronic Claims Attachment Standard” is expected in September of 2008. Mayo Clinic and Blue Cross Blue Shield Association like the attachment transaction and are also funding additional pilots for more of the attachments, even those funded by legislation, such as the certificate for medical necessity and sterilization forms.

- Expected NPRM on Modification to Electronic Transactions and Code Sets is June 2007. It will have a definition of retail pharmacy and clarification for directory entry (what it means and how to do it).
- Expected NPRM on Revision to HIPAA Code Sets is March 2007.

7. Senate Bill 628, “Critical Access to Health Information Technology Act of 2007”

ICD-10 will be adopted on 10/01/08 and implemented on 10/01/11. New transaction standards are due 04/01/09 for implementation on 04/01/11.

8. Pleas from Provider Organization:

How many times does a provider need to send somebody their NPI?

This organization has been sending their NPI to all payors that they deal with since September of last year and yet still receives requests for information based on any number of “reasons” the information is missing from the file.

- If a plan has provider information in their database, do not ask for more information than what is really needed.
- Do not send the same request to every department in the provider’s hospital or in their clinic. Send it to one place and follow with a confirmation of receipt.

? Questions and problems regarding HIPAA updates can be emailed to marykay.mcdaniel@azahcccs.gov.

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The UB04 Manual: Do I know it?....Have I ever seen it?....What am I doing with it?

Spending quality time with the UB04 manual is strongly advised. It explains inpatient/outpatient matrix and how to bill and the way to input, including what elements are required for inpatient versus an outpatient. Descriptions and additions (i.e., new patient discharge status) require page by page study. Frequently-asked questions are buried in the manual. Form locator numbers have changed.

Questions

- (Q) Will the Legacy ID Qualifier not be required on submissions from Maximus for school-based claims?
- (A) As long as the NPI is on the AHCCCS database, yes. Atypicals will need a Legacy ID qualifier and Legacy number.
- (Q) What is the status of the special processes Maximus requires so that we get one check and not one for each school district (as we don't/can't use NPI)?
- (A) There is no intent this should be changed.

The Meeting adjourned at 4:00 p.m.

Corrections to the minutes should be directed to the Coordinator: NpiConsortiumCoordinator@azahcccs.gov.